Name In Full

Mrs. Emma Britton

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month 7 Day 12 Age Y. 45 M. D. Native of Worcester Co Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ of Wife J. Frank Britton

Father's Name

Mother's Name

43

Cause of Death

Primary Cerebral softening

Immediate Syncope

How long sick Weeks

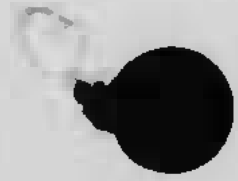
~~Accident, Suicide, Homicide~~

Reported by J. M. T. Dick

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]



Name In Full

Certificate of Death

Mary Brown

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 189 — Month: July — Day: 22 — Age: Y. 18 M. D. — Native of Salisbury — Occupation Housegirl

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 1

Husband of
Wife

83

Father's Name Handy Brown

Mother's Name Louisa Brown

Cause of Death — Primary: Inflammation Bowels — How long sick: one week

Immediate: Heart Failure

~~Accident, Suicide, Homicide~~

OVER

Reported by Louis W. Morris M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

Attended by Dr _____

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from _____

of _____

Name In Full | Certificate of Death

Alma June Dennis

Died at Town near Willards County Wicomico Co. MARYLAND

Date 1899 Month July Day 4 | Age Y. 22 M. Mos. D. | Native of Wicomico Co. Md. | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Grant Dennis | Mother's Name Bettie Dennis

Cause of Death: Primary 82 | How long sick Two weeks & 3 days

Immediate Colera Infantum | Accident, Suicide, Homicide

Reported by G. N. Fraser

Address Aug. 25 Pillsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

H 3

Name in Full

Certificate of Death

Disharoon

Died at Town: Salisbury County: Wicomico MARYLAND

Date 189 9 Month: July Day: 2 Age Y. 4 M. 28 D. Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Emory Disharoon

Mother's Name Lizzie Disharoon

Cause of Death: Primary Indigestion 12 How long sick

Immediate Dysentery

~~Accident, Suicide, Homicide~~

Reported by F. M. Plummer M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58068

Name In Full — Certificate of Death

Louise Dykes

Died at Salisbury (near) Town — Wicomico County — MARYLAND

Date 1899 — Month July — Day 30 — Age Y 2 M 3 D. — Native of Md — Occupation Infant

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name Alozo Dykes — Mother's Name Annie Reddish

Cause of Death — Primary Teething — Immediate Cholera Infantum — How long sick 12 days

~~Accident, Suicide, Homicide~~

Reported by F. M. Clemons M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full Rev. Jas. S. Eaton

Certificate of Death

Died at Town Sharptown County Wicomico MARYLAND

Date 189 9 Month 7 Day 9 | Age Y. 49 M. D. | Native of Penn. | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Typhoid fever | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Salisbury Advertiser

Address 7-15

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Mary Anne Fields

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month July Day 3 Age Y. 67 M. D. Native of Md Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ ~~Wife~~ widow of George H. Fields

Father's Name — Kibble Mother's Name Don't Know

Cause of Death Primary General Debility 83 How long sick

Immediate Diarrhoea ~~Accident, Suicide, Homicide~~

Reported by F. M. Slemons M.D.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65468

Name In Full

M. H. Fooks

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 189 9 Month 7 Day 15 | Age Y. 55 M. D. | Native of Wicomico | Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband / Wife of Emma Fooks

Father's Name — Mother's Name —

Cause of Death: Primary Locomotor Ataxia — How long sick 6 months

Immediate Asthenia 40 — ~~Accident, Suicide, Homicide~~

Reported by J. M. McDiel

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

A. Ella Gordy

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month July Day 22 Age Y. 15 M. D. Native of Maryland Occupation Schoolgirl

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

152a

Father's Name T. Edwin Gordy Mother's Name Amelia Johnson

Cause of Death Primary Fall from a tree How long sick 2 days

Immediate Some internal injury Accident, ~~Suicide, Homicide~~

Reported by F. M. Simmons M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name In Full

Joseph Hammel

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month July Day 29 Age Y. M. D. 4-12 Native of Md Occupation Infant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name Fred Hammel Mother's Name

Cause of Death Primary Marasmus 82 How long sick 1 month

Immediate ~~Accident, Suicide, Homicide~~

Reported by F. M. Slemons M. D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name In Full

Certificete of Death

Infant Humphreys.

Town

County

Died et Salisbury Wicomico MARYLAND

Month Dey Y. M. D. Native of Occupetion

Dete 189 9 July 7 Age 8 month Wicomico Infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

Wife

Fether's Neme Fountain Humphrys

Mother's Neme Maggie Humphreys

Ceuse of Death

Primary Cholera Infantum 82

Immediate Heart failure

How long sick

~~Accident, Suicide, Homicide~~

Reported by Louis W. Morris M.D.

Address Salisbury, Md.

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full Mrs. (Priscilla) Lewis

Certificate of Death

Died at Truitt's Town Wicomico County MARYLAND

Date 189 9 Month 7 Day 8 | Age Y. M. D. | Native of | Occupation

~~Male~~ / Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow / Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Lung trouble | How long sick

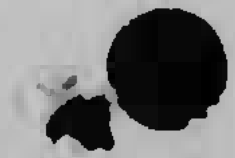
Immediate 77 | Accident, Suicide, Homicide

Reported by Julietta Adkins

Address [redacted] 7-15

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

Thomas Lloyd

Town County

Died at Near Quantico Wicomico County MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 July 14 Age Young man. Don't Know 35 or 36 B.C. District Farmer

Male yes White yes Married yes ~~Widow~~ Divorced no

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husbend of Wife Nannie Lloyd

Father's Name Thomas Lloyd

Mother's Name

Cause of Deeth

Primary Dysentery 8 4

immediate Haemorrhage from Bowels

How long sick 2½ weeks

Accident, Suicide, Homicide

Reported by Wm. H. H. Dashiell M.D.

Address Quantico Maryland

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Edward Martin

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month 1 Day 4 | Age Y. M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name Mrs. R. K. Truitt

Cause of Death: Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Wicomico Co. News 1-12

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full: Pearl Parker

Certificate of Death

P

Died at — Town: Parsonsburg — County: Wicomico — MARYLAND

Date 1899 — Month: July — Day: 12 — Age: Y. 1 — M. 8 — D. 3 — Native of: Maryland — Occupation: none Infant

~~Male~~ / Female — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of: Infant

Father's Name: Base born — Mother's Name: Lavinia Bivans

Cause of Death — Primary: Teething — Immediate: Dysentery — 82

How long sick: one week

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: G. W. Truitt

Address: Parsonsburg Wicomico Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

No Name Parsons.

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month Jany Day 14 Age Y. M. D. 6 Native of Salisbury Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Levin A. L. Parsons

Mother's Name Sarah E. Parsons

Cause of Death Primary Unknown

Immediate

161

How long sick Sudden

~~Accident, Suicide, Homicide~~

Reported by F. M. Slemons M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, ESBER

Name In Full: Thos Slaton

Certificate of Death

Died at: Town: near Salisbury County: Wicomico MARYLAND

Date 1899 Month: 7 Day: 11 Age: Y. 75 M. D. Native of: Wicomico Occupation: Miller

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3(?)

Husband ~~Wife~~ of: Mary Anderson

Father's Name: ✓ Mother's Name: -57

Cause of Death: Primary: Mitral regurgitation; Immediate: Asthenia

How long sick: 8 months

Accident, Suicide, Homicide

Reported by: Jno Dick

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full

No Name - Sturgis

Certificate of Death

Died at Town: Salisbury County: Wicomico

MARYLAND

Date 1899 Month: July Day: 17

Age Y. 2 M. 15 D.

Native of Wicomico

Occupation

~~Male~~ / ~~White~~ / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

Female / Colored / Single / Widower / ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Charles Sturgis

Mother's Name Sarah Sturgis

Cause of Death: Primary Don't know

How long sick

Immediate Don't know

~~Accident, Suicide, Homicide~~

161

Reported by Geo. E. Hill

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6B008

Name in Full

Certificate of Death

William Twilley

Died at Town: near Salisbury County: Wicomico MARYLAND

Date 1899 Month: July Day: 6 Age Y. 78. M. 5. D. 11 Native of: Maryland Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 8

Husband ~~Wife~~ of Mary Twilley 46

Father's Name George Twilley Mother's Name Betsey Twilley

Cause of Death: Primary Senile dementia How long sick 2 months

Immediate Heart failure from Toxaemia Accident, Suicide, Homicide

Reported by Louis W. Morris M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Adeline White

Died at Town: Salisbury — County: Wicomico — MARYLAND

Date 189 9 — Month: July — Day: 31 — Age: Y. 83 M. 5 D. 15 — Native of: Md — Occupation: Housekeeper

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 8

Husband of / ~~Wife~~ James White 57

Father's Name: Henry White — Mother's Name: Alice Fowler

Cause of Death — Primary: Heart disease & Diarrhea — How long sick: 3 months

Immediate: Heart Disease

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by: Geo. H. Todd

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name In Full

Certificate of Death

Nathanil Orlando Whitney

Died at Town Allen County Wicomico MARYLAND

Date 1899 Month 7 Day 29 Age Y. 3 M. 4 D. Native of Md Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name James Whitney Mother's Name Sarah Ann

Cause of Death Primary Continued Fever How long sick 3 wk

Immediate / Accident, Suicide, Homicide

Reported by E. A. Denson Undertaker

Address Whaylad Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full Mrs. William L. Lipman Certificate of Death

Died at Town Delmar County Wicomico MARYLAND

Date 189 Month 7 Day 10 | Age Y. 83 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Wm L. Lipman

Father's Name B.B. Gordy Mother's Name Mrs. Jane (Shader) Gordy

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Salisbury Advertising

Address 7-15

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7950B